

Name
in
Full

CERTIFICATE OF DEATH

Lydia Breunerman
 Town *Grantonville* County *Garrett*

MARYLAND

Died at *Grantonville*
 Date of death *1909* Month *March* Day *23* Age *5-9* Years Months *-* Days *21*

Sex *Female* Color or Race *White* Birth-place *Grantonville Md*

Occupation *Housewife* Where Residing if not at place of death *Grantonville*

Married, Single or Widowed *Married* Name of Wife or Husband *Mrs. W. C. W. W.*

Father's Name *Least known* Father's Birthplace *Least known*

Mother's Maiden Name *Least known* Mother's Birthplace *Least known*

Name of person giving information *Wm. Hershberger* How related to deceased *none*

CAUSES OF DEATH

42

Primary *Carcinoma of Uterus* How long *9 months*

Immediate *" of Kidney's Suppression & Infection* How long *3 day's*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. T. Robinson*

Address *Grantonville*

Accident or Suicide? *No.* *Md.*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emma Durr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

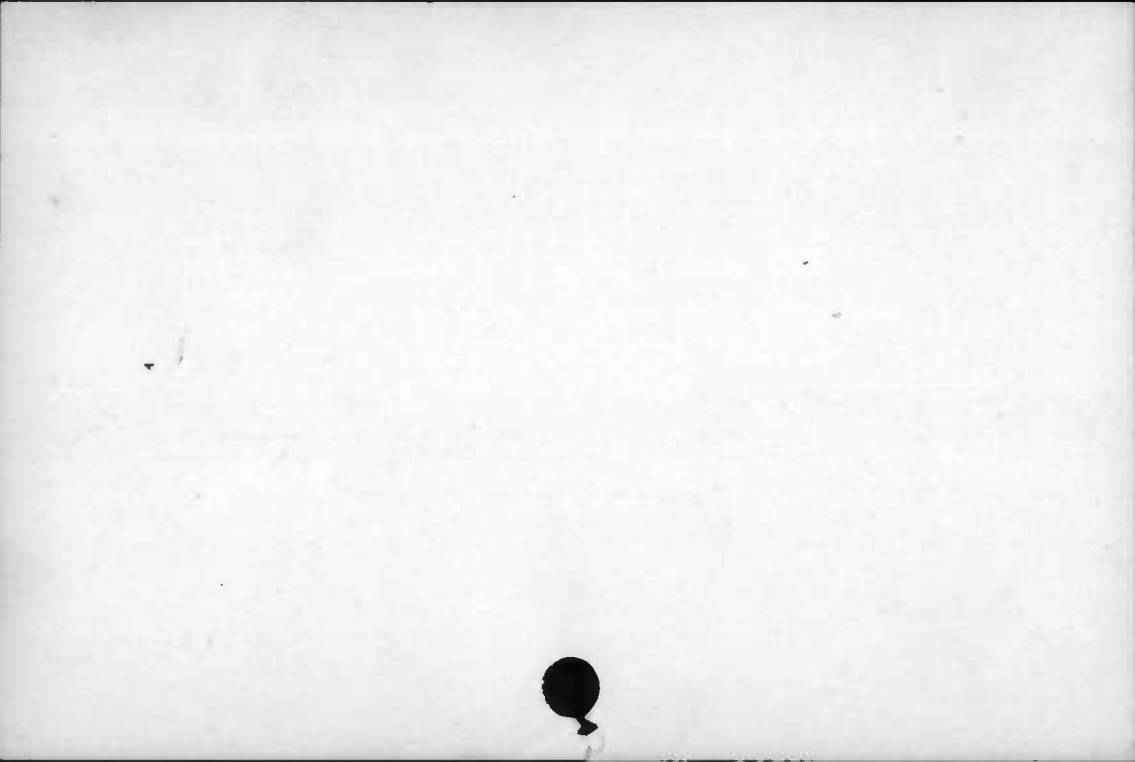
Died at <i>Tenigul</i> Town		<i>Garrett</i> County			
Date of death <i>1909</i>	Month <i>3</i>	Day <i>27</i>	Years <i>34</i>	Months <i>4</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>William Durr</i>			
Father's Name <i>Hiram Beal</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Rachel Beal</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>William Durr</i>			How related to deceased <i>husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Prior</i>
	Address <i>Frostburg, Md</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

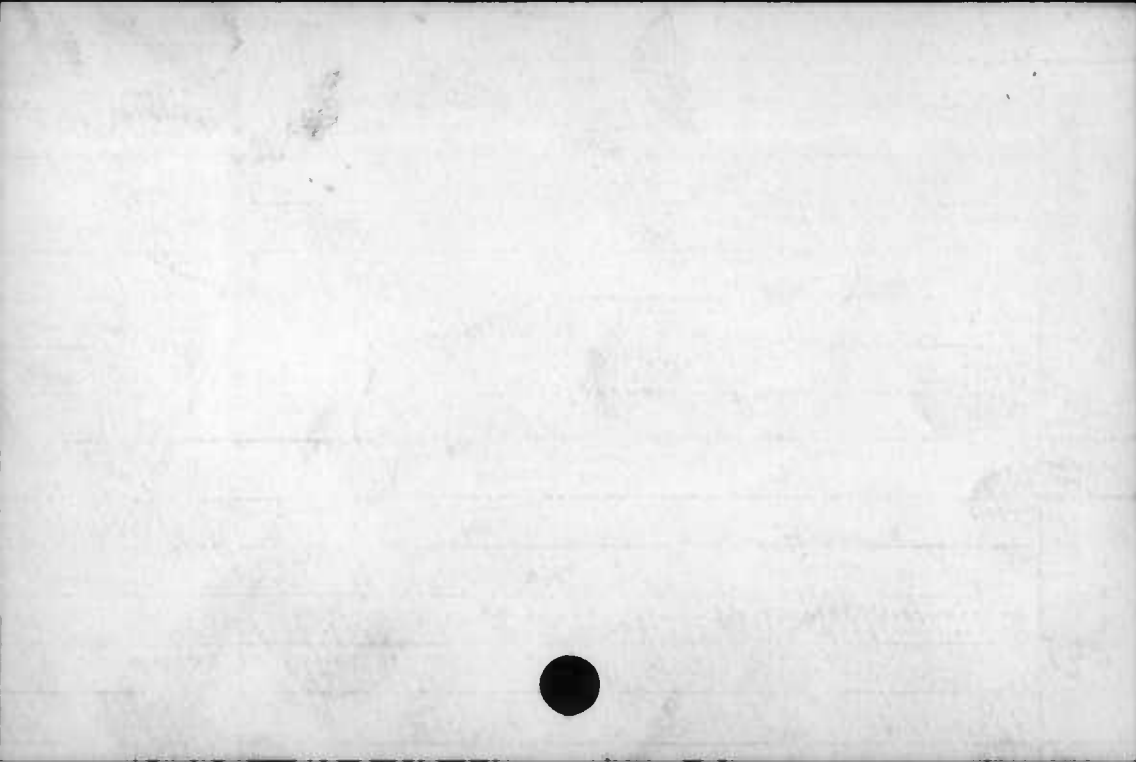
Died at <i>Infant</i> <i>Kitzmiller</i> <small>Town</small>		<i>Feldy</i> <i>Garrett</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Month</small> <i>Mar</i> <small>Day</small> <i>13</i>	Age	<i>Only a few hours</i> <small>Years</small>	<i>Months</i>	<i>Days</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Kitzmiller</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Michael Feldy</i>		Father's Birthplace <i>Pillsburg</i>	
Mother's Maiden Name		<i>Rosa McRoby</i>		Mother's Birthplace <i>Attanpout</i>	
Name of person giving information		<i>Michael Feldy</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Died soon after</i>	How long
Immediate	<i>delivery</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Giles</i>	
<i>yes</i>	Address <i>Kitzmiller Md</i>	
Accident or Suicide?		



Name
In
Full

Mary Bercht

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grantville		County Garrett		MARYLAND	
Date of death		1909	Month March	Day 30	Age 81	Years —	Months 5
Sex Female		Color or Race White		Birth- place Germany			
Occupation No. Any		Where Residing if not at place of death Grantville Md					
Married, Single or Widowed Married		Name of Wife or Husband — Not Any					
Father's Name Do not know		Father's Birthplace Germany					
Mother's Maiden Name Do not know		Mother's Birthplace Germany					
Name of person giving In formation John Miller		How related to deceased None					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	General debility	How long	One Year
Immediate	Paralysis	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. J. Robinson
		Address	Grantville Md
Accident or Suicide?	No.		

Dr. H. T. Ransom

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

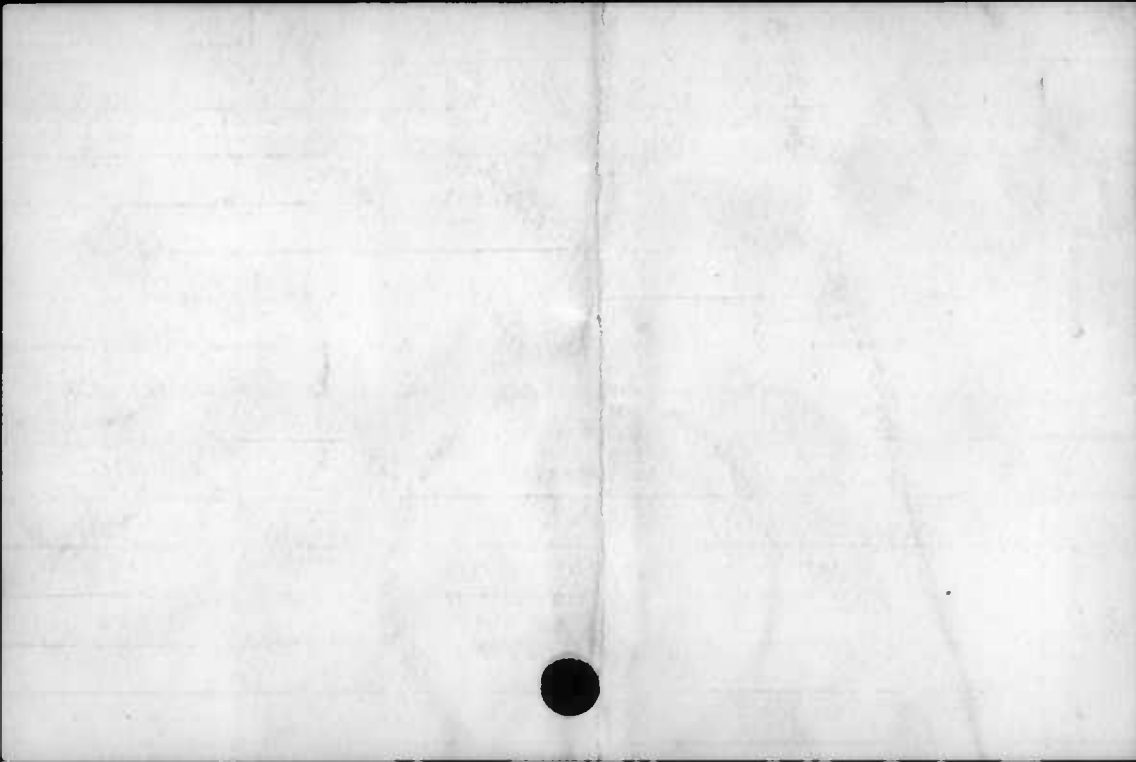
Died at <u>Deer Park</u>		County <u>Garrett</u>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Mar	14	52		
Sex	Color or Race		Birth-place		
Female	White		Md		
Occupation	Where Residing if not at place of death				
House Wife	Deer Park				
Married, Single or Widowed	Name of Wife or Husband				
	Emmanuel King				
Father's Name	Father's Birthplace				
Philip Pugh	Md				
Mother's Maiden Name	Mother's Birthplace				
Elizabeth McCallie	Md				
Name of person giving information	How related to deceased				
E B King	Husband				

CAUSES OF DEATH

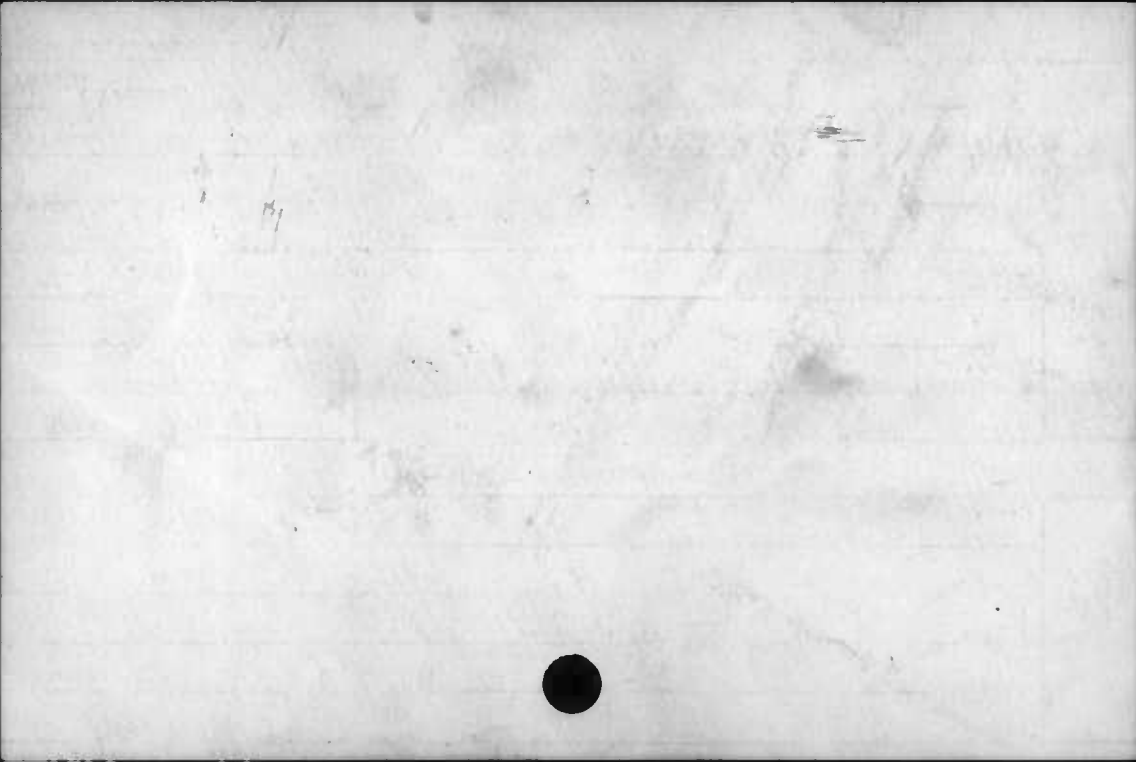
93

PHYSICIAN
OR CORONER

Primary	<u>Dysentery</u>	How long	<u>3 or 4 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	<u>J W Langhein</u>		
	Address		
	<u>Deer Park</u>		
	<u>Md</u>		
Accident or Suicide?			



Name in Full		Infant, died after Birth				Mowet		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Pitzmills</i>		County <i>Garrett</i>		MARYLAND				
		Date of death <i>1909</i>		Month <i>Mar.</i>	Day <i>22</i>	Years	Months	Days	Age <i>one hour</i>	
		Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Pitzmills</i>				
		Occupation <i>none</i>		Where Residing if not at place of death						
		Married, Single or Widowed		Name of Wife or Husband						
PHYSICIAN OR CORONER		Father's Name <i>Robert Mowet</i>				Father's Birthplace <i>Leesport</i>				
		Mother's Maiden Name <i>Annie Bonard</i>				Mother's Birthplace <i>Show Mtn</i>				
		Name of person giving information <i>Annie Bonard Mowet</i>				How related to deceased <i>Mother</i>				
		CAUSES OF DEATH				151				
PHYSICIAN OR CORONER		Primary <i>Pre mature</i>				How long <i>one hour</i>				
		Immediate <i>Premature</i>				How long <i>one hour</i>				
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Hugh Strachan</i>				
						Address <i>Blair Mtn</i>				
		Accident or Suicide?								



Name
in
Full

B. M. Raftery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

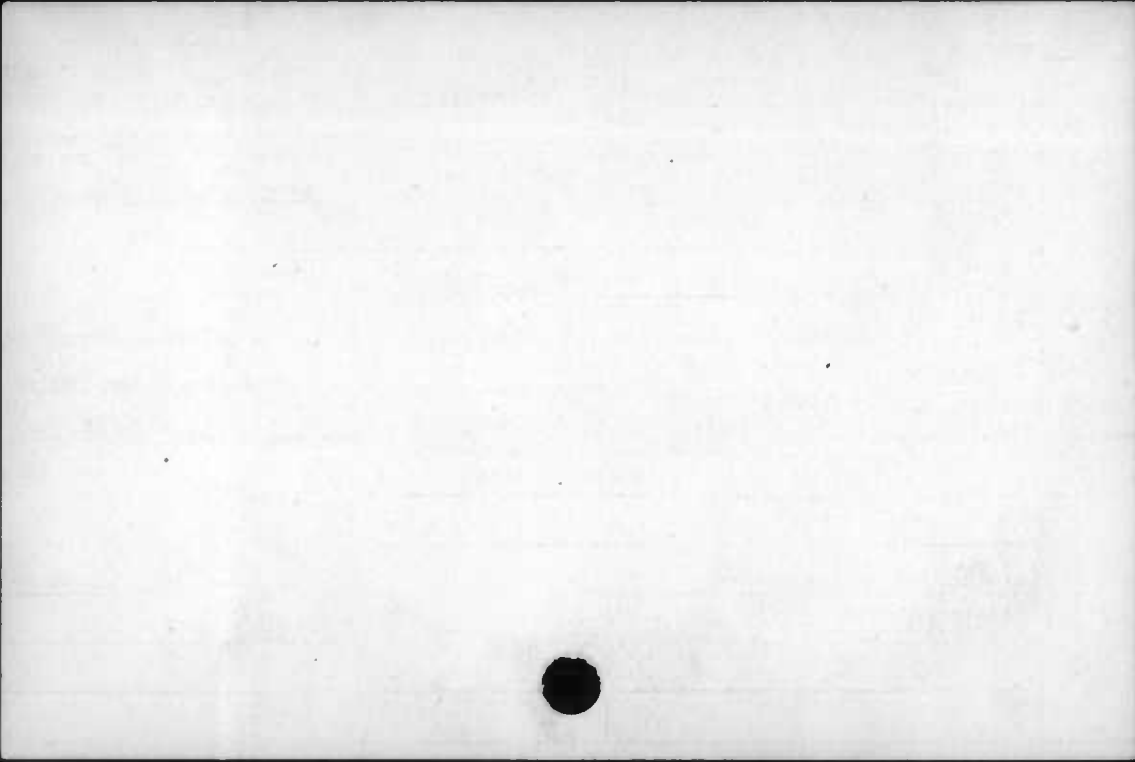
Died at		Town Mt Lake Park		County Garrett		MARYLAND	
Date of death		1909	Month March	Day 1	Age 59	Years	Months Days
Sex male		Color or Race white		Birth-place West Va			
Occupation Merchant				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband					
Father's Name Erastus Raftery				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary	asthma - Emphysema		How long	Many years
Immediate	Heart failure		How long	Short time
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. E. [Signature]		
		Address Oakland, Md		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Baby Rodcheaver

Town

County

MARYLAND

Died at

Sang Run

Garrett

Date

Month

Day

Years

Months

Days

of death

1909

Mar.

27

Age

—

1

—

Sex

Female

Color or
Race

White

Birth-
place

Sang Run

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James Rodcheaver

Father's
Birthplace

Preston co. W. Va.

Mother's
Maiden Name

Jicy Castiel

Mother's
Birthplace

Garrett co. M.D.

Name of person giving
Information

Urias Sines

How related
to deceased

Nephew

CAUSES OF DEATH

9

Primary

6th

How long

Immediate

Croup

How long

about 6 Hours.

Are the name, age, sex, color, date
and place correctly given above?

yes.

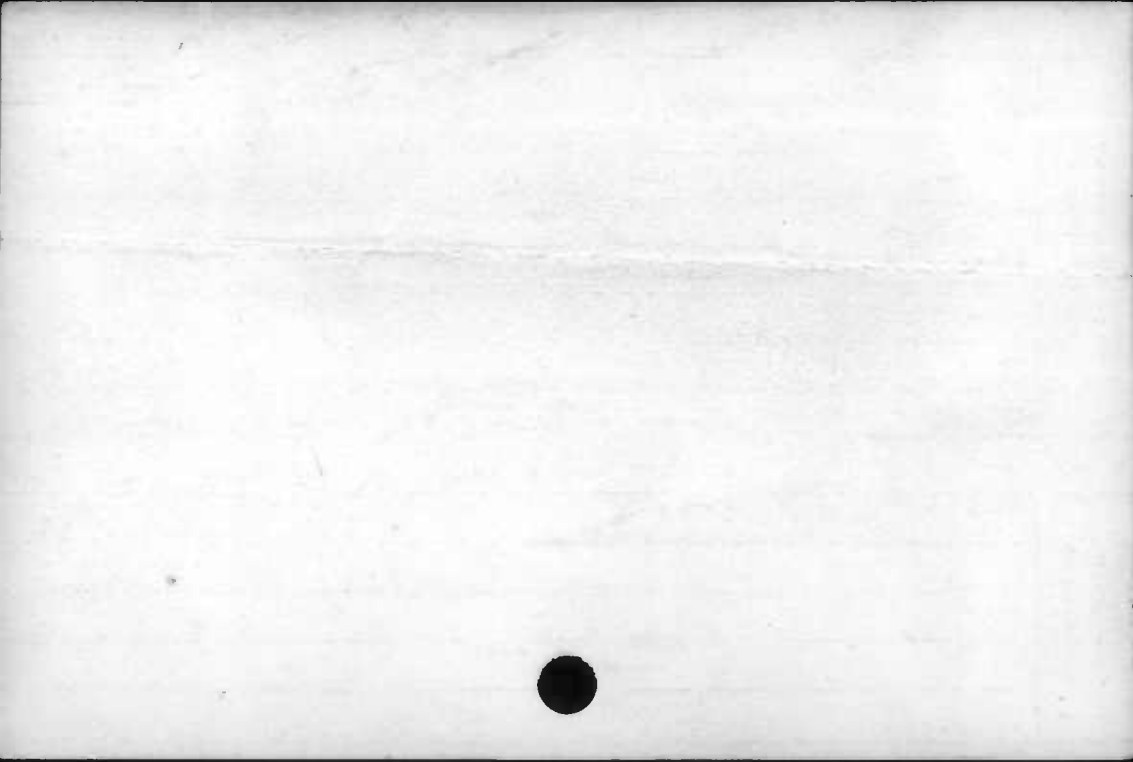
Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

6



Name
in
Full

Anna Rogotski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

190

9 March

14

Age

33

3

5-

Sex

Female

Color or
Race

white

Birth-
place

Smilich, Austria

Occupation

Housewife

Where Residing if not
at place of death

Jennings

Married, Single
or Widowed

Married

Name of Wife or
Husband

Raymond Corella

Father's
Name

Michael Rogotski

Father's
Birthplace

Smilich

Mother's
Maiden Name

Csini Rogotski

Mother's
Birthplace

Liko, Austria

Name of person giving
information

Mrs. Koch

How related
to deceased

None

CAUSES OF DEATH

93

Primary

Pneumonia

How long

6 days

Immediate

Cardiac, myopathy

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. T. Robinson

Address

Granville

Accident or Suicide?

No

M

PHYSICIAN
OR CORONER



Name

in
Full

Amy Evelyn Sines

CERTIFICATE OF DEATH

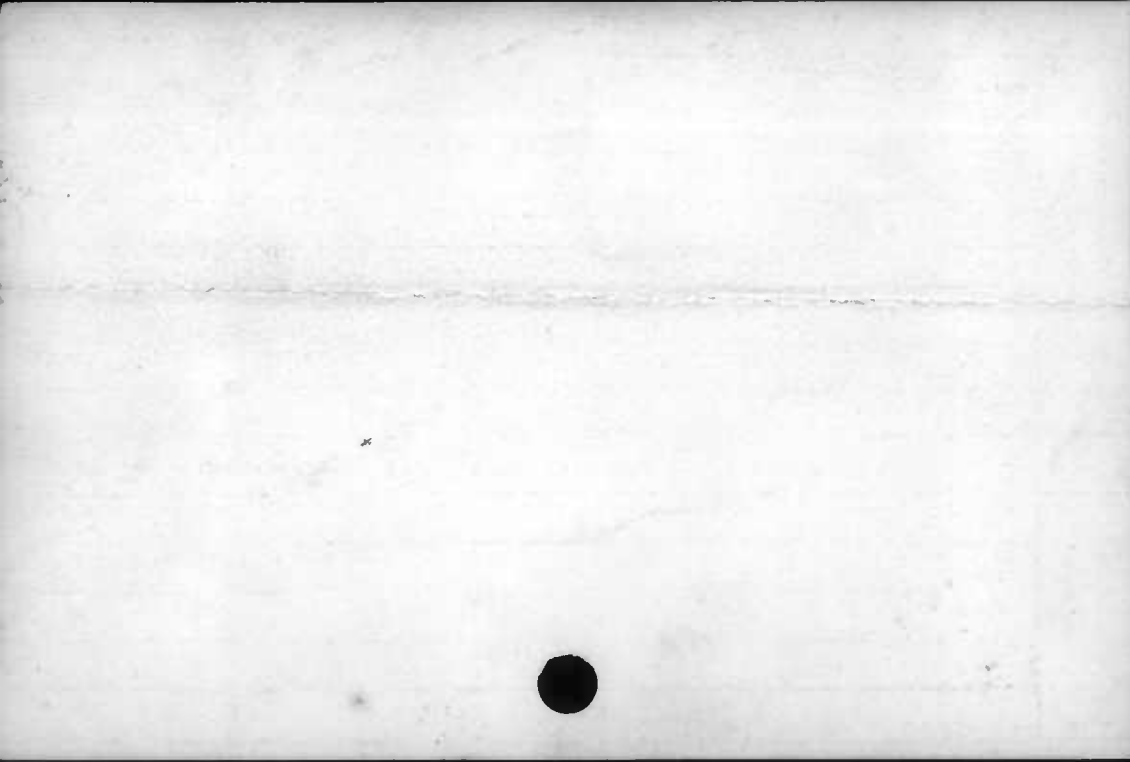
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sines</u> Town		County <u>Garrett</u>		MARYLAND	
Date of death	1909	Month	Mar.	Day	11
Age		Years		Months	Days
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Henry B. Sines</u>			Father's Birthplace <u>Oakland Md</u>		
Mother's Maiden Name <u>Harriet Mantriss</u>			Mother's Birthplace <u>Hazelton W. Va.</u>		
Name of person giving information <u>Henry B. Sines</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cold</u>	How long	<u>6</u>	How long	<u>3 days</u>
Immediate	<u>Paralysis of Throat</u>	How long	<u>2</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>Keyser</i>		County <i>Garrett</i>	
Date of death		Month <i>Feb</i>	Day <i>23</i>	Years <i>36</i>	Months <i>5</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Keyser</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Keyser</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lewis Sincornman</i>			
Father's Name <i>John Opel</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Maryville Becker</i>		Mother's Birthplace <i>Garrett Co. Md</i>			
Name of person giving information <i>Lewis Sincornman</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

How long

How long

*clothing caught fire and burned her to a crisp**Burned to death**Burned.**Lived 24 hours.**H. T. Robinson*
Grantville
Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Sillsport*

Town

Garrett

County

Date of death *1909 March*

Month

Day

26

Age

Years

71

Months

2

Days

*25*Sex *male*Color or
Race*White*Birth-
place*Maryland*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Margaret Nass*Father's
Name*William Nass*Father's
Birthplace*Pennsylvania*Mother's
Maiden Name*Susan Wable*Mother's
Birthplace*"*Name of person giving
In formation*Hiram Firoze*How related
to deceased*No relation*

CAUSES OF DEATH

*154*PHYSICIAN
OR CORONER

Primary

old age & cold

How long

2 days

Immediate

Heart Failure

How long

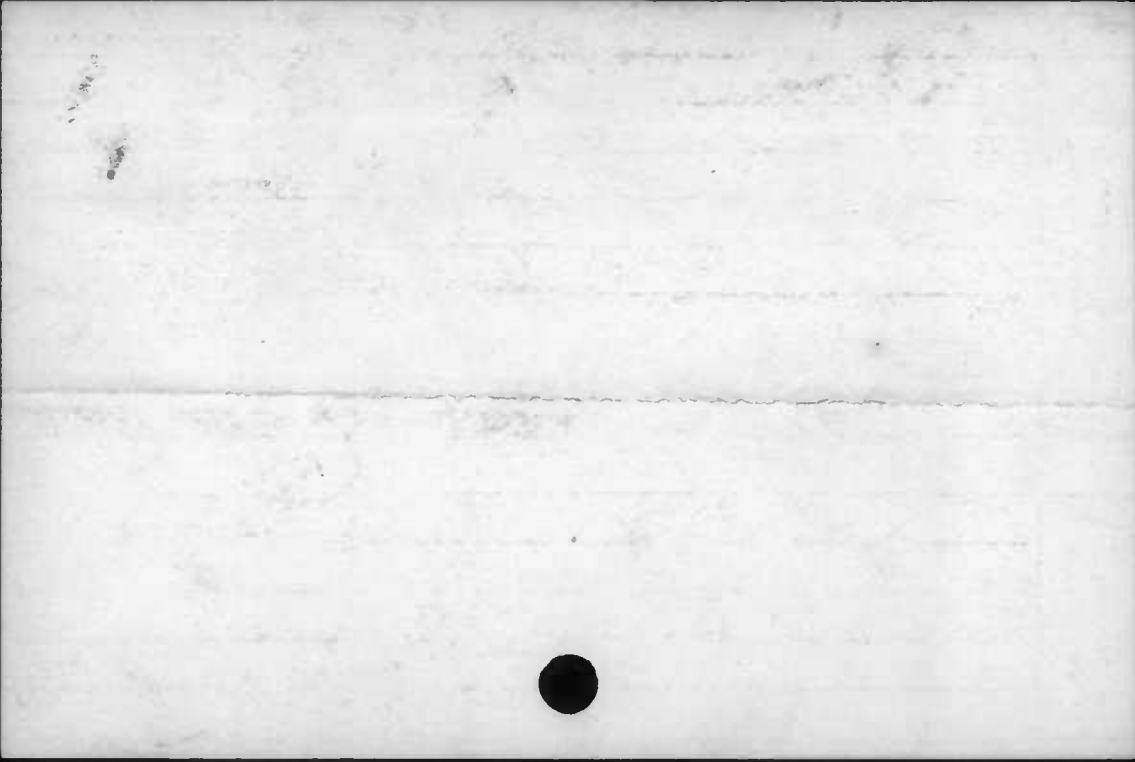
Are the name, age, sex, color, date
and place correctly given above?*yes from*Signature of
Physician*W. H. Friend*

Address

*Friendsville Md.**best information I can get*

Accident or Suicide?

No Physicians in attendance



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

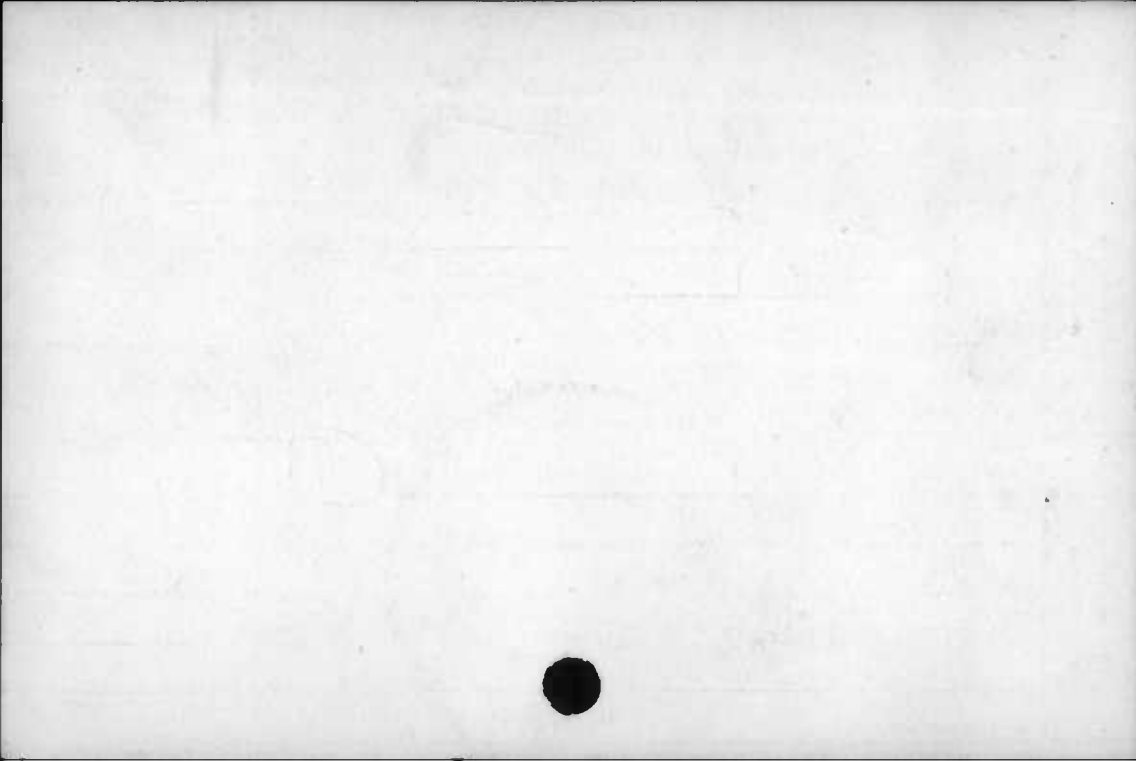
Name in Full <i>Baby Wild</i>		Town <i>Swanton</i>		County <i>Barrett</i>		STATE <i>MARYLAND</i>	
Died at <i>Swanton</i>		Month <i>Mar</i>		Day <i>14</i>		Age <i>4</i> Years <i>4</i> Months <i>14</i> Days	
Date of death <i>1909</i>		Month <i>Mar</i>		Day <i>14</i>		Age <i>4</i> Years <i>4</i> Months <i>14</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Swanton</i>			
Occupation <i></i>				Where Residing if not at place of death <i>Swanton</i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>John H Wild</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Georgetta Blucher</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Edward Pugh</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <i>Spasms</i>		How long <i>1 Day</i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr Garry</i>	
		Address <i>Princeton</i>	
Accident or Suicide?			



Name
in
Full

Emerson Saylor Gost

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Grantsville</u> ^{Town}		<u>Garrett</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month <u>March</u>	Day <u>26th</u>	Age <u>3</u> Years	Months <u>1</u> Days <u>10</u>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>S</u>			Name of Wife or Husband		
Father's Name <u>Jeremiah B Gost</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Eliza Saylor</u>			Mother's Birthplace <u>Pd.</u>		
Name of person giving information <u>Jeremiah Gost</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary	<u>Follicular Tonsillitis</u>	How long	<u>11 days</u>
Immediate	<u>Pneumonia + Bavel complication</u>	How long	<u>36 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>R. C. Bowen M.D.</u>	
		Address <u>Grantsville</u>	
		<u>Ind</u>	
Accident or Suicide?			

